

MULTIPLE DEPENDENT  
FEE CALCULATION FORM  
(FOR USE WITH FORM 15)

APPLICANT(S)

607020

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	36	↔	↔	↔		
TOTAL CLAIMS	39					

TOTAL IND.	3			
TOTAL DEP.	36	↔	↔	↔
TOTAL CLAIMS	39			

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\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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